

VERIFICATION OF OCCUPATIONAL EXPERIENCE

(Trade and Industry Only)

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

TO BE COMPLETED BY EMPLOYER

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. Each employer must verify own experience. In lieu of this form, the applicant may submit a signed statement on company letterhead.

Employer Signature

Date

Street Address/PO Box

City

State

Zip Code

TO BE COMPLETED BY NOTARY

State of _____, _____ County, _____
(employer)

personally appeared before me, _____, a Notary Public in and for said County.
(name of notary)

Sworn and subscribed before me, this _____ day of _____, 20_____.

Notary Signature

Place Notary Seal Below